

Botox® Consent Form

Botox® Cosmetic Botulinum toxin Type A

Client Name _____.

To the perspective Client: Alba medical staff being fully informed about your health condition and treatment plan will help you make the decision whether or not to undergo Botox® Cosmetic treatments. This disclosure is not meant to alarm you, it is simply an effort to better inform you so that you may give or withhold your consent for this cosmetic treatment.

I, _____, (Alba injector) will attempt to improve your facial lines with Botox® Cosmetic (Allergan Inc.). Botox® Cosmetic is now FDA approved to temporarily improve the look of moderate to severe forehead lines, crow's feet lines, and frown lines between the eyebrows in adults. A few injections of Botox® Cosmetic relaxes overactive muscles and soften these lines. The results of Botox® Cosmetic can be minor or dramatic, as with other practices of medicine, it is not an exact science and no guarantees can be or have been made concerning expected results.

____ client initials.

Botox® Cosmetic is injected with a very small needle into muscles; you should see the benefits develop over the next 2-7 days. A decreased appearance of frowning or facial creases is the expected results of this treatment.

____ client initials.

The most common side effects are; slight bruising may occur at the injection sites, pain at the injection site, headache, double vision, blurred vision, drooping eyelids, swelling of the eye lids. Botox® Cosmetic should not be used if there is an infection near the injection sites. I have been advised of the risks involved in such treatment, the expected benefits of such treatment, and alternative treatments, including no treatment at all.

____ client initials.

I understand that the results are temporary and several sessions may be needed for optimal results.

____ client initials.

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand the above paragraphs, and that I have had my questions answered and sufficient opportunity for discussion. I consent to Botox® Cosmetic treatment today and all subsequent treatments.

Client signature: _____ Date: _____

Alba injector: _____ Date: _____